



## *Chapter 2*

# *Documenting Disability Status and Accommodation Needs*

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### Orientation to Documentation Chapter

This document is one chapter of a broader Implementation Guide on providing accessible healthcare for people with disabilities. The chapter will guide you through how to implement documenting disability status and accommodation needs at your clinic or organization. The information in this chapter is a synthesis of existing research and learnings from health systems across the country. It is intended to provide guidelines adaptable to your local context.

This chapter includes: 1) an introduction to the topic, 2) seven steps for implementation, and 3) a variety of appendices. Under each step, the **Actions and Tasks** section outlines best practices and questions to consider while creating and implementing documentation of disability status and accommodation needs at your organization. The **Materials and Resources** section lists the relevant appendices, which include worksheets, templates, examples, and other resources to assist you in completing the **Actions and Tasks** of each implementation step.

Appendices can also be used independently as resources for documenting disability status and accommodation needs. For example, you could use Appendix 2.5: *Documentation LOINC Codes* if you are only interested in understanding what LOINC codes related to disability exist.

## Introduction to Documenting Disability Status and Accommodation Needs

### Why is it important to collect disability status?

1. To identify and address potential disparities in care, patients' disability status needs to be systematically and accurately documented.
2. Healthcare organizations are required to provide patients with disability accommodations,<sup>1-3</sup> including auxiliary aids and services.<sup>4</sup> To effectively provide these resources, healthcare organizations first need to know patients' disabilities and accommodation needs.

A growing body of literature finds that people with disabilities experience disparities in health and healthcare outcomes. For example, compared to people without disabilities, people with disabilities are more likely to have a greater number of chronic conditions and have higher rates of asthma, hypertension, emphysema, cardiovascular disease, diabetes, and arthritis.<sup>5</sup> People with disabilities are also more likely to rate the quality of their health as fair or poor.<sup>6,7</sup>

### What are the requirements for documenting disability status?

Section 4302 of the Patient Protection and Affordable Care Act requires the collection of disability status by organizations that receive federal funding.<sup>8</sup>

### How does disability relate to other patient characteristics?

Disability is a patient-reported demographic characteristic like race, ethnicity, preferred language, gender identity, or sexual orientation. Processes for documenting other patient demographics should incorporate documentation of disability status.

### Can a clinician assess a patient's disability status?

Disability status and accommodation needs must be patient-reported. Disability status is different than a clinical assessment that is used to inform care provision. If a clinician suspects a patient has disability needs or that a patient would benefit from a disability-related accommodation, they should ask the patient the questions provided in this guide to facilitate that conversation.

### Will we offend patients by asking about their disability status?

In multiple research studies, patients report little discomfort in disclosing a disability. Patients have the option to decline to answer.

### How much work is it to ask patients about their disability status?

In a study in which registration staff asked one screener question followed by six disability status questions, call times increased by 18 seconds.<sup>9</sup> Other methods for collection such as intake forms or the patient portal are potentially more time efficient for staff and providers.

## Steps to Document Disability Status and Accommodation Needs

### Step 1: Develop Leadership Support

When implementing any new accessibility initiative at your organization, earning buy-in from leadership is essential. Support from leadership will ensure you have the resources necessary to successfully build and implement the documentation of disability status and accommodation needs.

#### **Actions and Tasks**

1. Identify what types of leadership support and buy-in you will need.
2. Identify potential champions across your organization.
3. Identify how documentation of disability status and accommodation needs will fit within your organization's existing priorities and initiatives (e.g., health equity, quality and safety, patient experience goals, etc.).
4. Determine if your organization is involved in any regulatory initiatives that require documentation (e.g., Joint Commission Excellent Health Outcomes for All Certification, National Committee for Quality Assurance (NCQA) Healthcare Effectiveness Data and Information Set (HEDIS) reporting, U.S. Centers for Medicare and Medicaid (CMS) requirements, state-level requirements, etc.)

#### **Materials and Resources**

- Appendix 0.3: Federal Requirements
- Appendix 0.10: Leadership Support: Key Individuals

*\*Appendices 0.3 and 0.10 can be accessed in the General Resources chapter.*

### Step 2: Identify Implementation and Leadership Team

The implementation team will be responsible for designing, leading, and monitoring the documentation of disability status and accommodation needs across your organization.

#### **Actions and Tasks**

1. Identify the implementation team for documenting disability status and accommodation needs.
  - a. Consider including people across different departments and units within your organization.
  - b. Include leadership and others who have the authority to make changes.
  - c. Include staff who will be doing the work; they will know how the system works and will be helpful in implementing and piloting the project. This will also help with buy-in for the staff—who will more eagerly participate—and sustainability will be more attainable.
    - i. It could be helpful to start with a pilot team to work through challenges before expanding to the entire clinic or healthcare system.
2. Determine the implementation team meeting structure.

- a. How often will the team meet?
- b. Is this a project that will be part of a quality improvement team or embedded within another team?
3. Identify champion(s) for the project.
  - a. Who is this person(s) going to be?
  - b. Are they able to implement changes?
  - c. Will this be a clinical champion or a non-clinical team member champion? Are both clinical and non-clinical needed?
  - d. Is there someone at the *system level* with whom you can partner? For example, a Disability Coordinator?
4. Establish common goals for team.
  - a. Ensure that it fits within organizational goals.
  - b. Use SMART Goals (Specific, Measurable, Attainable, Realistic, and Time-bound).

### **Materials and Resources**

- Appendix 0.6: Project Planning
- Appendix 2.1: Documentation Implementation Teams
- Appendix 2.6: Documentation Barriers & Strategies

*\*Appendix 0.6 can be accessed in the General Resources chapter.*

## Step 3: Needs Assessment

Identify the current state of documenting disability status and accommodation needs at your organization using Appendix 2.2: *Documentation Needs Assessment*.

### **Actions and Tasks**

1. Engage with other healthcare organizations to understand their documentation processes, including what is and isn't working for them. Consider joining the Disability Equity Collaborative's Documentation workgroup to create a peer network.

### **Materials and Resources**

- Appendix 2.2: Documentation Needs Assessment
- [Disability Equity Collaborative's Documentation workgroup](#)

## Step 4: Electronic Health Record Build

### **Part 1: Features**

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***Determine what disability and accommodation questions will be in the electronic health record (EHR) and the EHR features.***

### **Actions and Tasks**

1. Establish the team responsible for determining what disability status and accommodation needs questions will be available in the EHR.

2. Determine what EHR features will be included in your build.
3. Define the disability questions that will be listed in the EHR.
4. Define what potential accommodations will be listed in the EHR.
5. Determine if there are already related forms/fields in the EHR that can be used or modified.

### **Materials and Resources**

- Appendix 0.8: Disability Accommodations Examples
- Appendix 2.1: Documentation Implementation Teams
- Appendix 2.3: Documentation Implementation Planning
- Appendix 2.4: Documentation EHR Features
- Appendix 2.7: Documentation Disability Questions

*\*Appendix 0.8 can be accessed in the General Resources chapter.*

### **Part 2: EHR Build**

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#### **Develop the EHR build.**

#### **Actions and Tasks**

1. Identify who will be responsible for the EHR build.
  - a. Do you have a team that is identified specifically for EHR changes or builds?
  - b. Will you incur a cost to build and implement?
2. Using questions that were identified in the previous step, complete EHR set up and build.
3. Complete a trial run using test patients.

#### **Materials and Resources**

- Appendix 2.1: Documentation Implementation Teams
- Appendix 2.4: Documentation EHR Features
- Appendix 2.5: Documentation LOINC Codes

### **Step 5: Determine When and Who Will Collect Disability Status and Accommodation Needs**

Decide when and who will collect disability status and accommodation needs. Aim to integrate the process into existing clinic and system-level workflows when possible.

#### **Actions and Tasks**

1. Identify local barriers and facilitators to documenting disability status and accommodation needs (see Appendix 2.6).
2. Continue to utilize Appendix 2.2: *Documentation Implementation Planning* to specify site or clinic goals, strategies, timelines, milestones, and measures for successful routine collection of patients' disability status and accommodation needs.
3. Create a workflow map, a visual representation of the actions, decisions, and tasks to be performed for successful routine collection of patients' disability status and

accommodation needs. Appendix 0.6: *Project Planning* includes example workflow maps.

4. Determine what can and cannot be adapted in the process for documenting disability status. For example, can each clinic decide whether to collect at front desk or by Medical Assistant in exam room?
5. Determine the resources needed to implement routine collection of patients' disability status and accommodation needs. For example, you will likely need to dedicate time for staff to complete trainings.
6. Following decisions made on workflows, processes, and roles, revisit the composition of the implementation team. Determine if additional individuals from the departments or units that will be involved in documentation should be included.

### **Materials and Resources**

- Appendix 0.5: Policy Writing Guidance
- Appendix 0.6: Project Planning
- Appendix 2.3: Documentation Implementation Planning
- Appendix 2.6: Documentation Barriers and Strategies
- Appendix 2.8: Documentation Workflows
- Appendix 2.10: Documentation Who and When

*\*Appendices 0.5 and 0.6 can be accessed in the General Resources chapter.*

### **Step 6: Pre-implementation**

Ahead of implementation, consider the following actions to ensure staff, patients, and your organization's systems are prepared to successfully document disability status and accommodation needs.

### **Actions and Tasks**

1. Determine who will provide consultation to assist with collecting patients' disability status and accommodation needs.
  - a. This person will offer expert guidance, feedback, and problem-solving to a site longitudinally.
  - b. This can be a practice facilitator or similar role.
2. Determine who will provide technical assistance and what this will include.
3. Identify or develop tools and reminders that staff and providers will use to encourage collection (see Appendices 2.9 and 2.11).
4. Implement training for staff and providers (see Appendix 2.12).
5. Identify or develop patient-facing education materials to inform patients of the new processes for collecting disability status, its purpose, and what to expect.
6. Determine how collected information will be integrated into other data structures in the organization (e.g., dashboards, quality reporting, scheduling templates and software, etc.)
7. Determine how success will be defined for documenting disability status and accommodation needs, including appropriate metrics (e.g., acceptable rates of completion, patient complaints, staff and clinician satisfaction with the process, etc.).

- a. Develop an evaluation plan to reflect your definition of success (see Appendix 2.13).

### **Materials and Resources**

- Appendix 2.9: Documentation Frequently Asked Questions
- Appendix 2.11: Documentation Sample Script and Question Prompts
- Appendix 2.12: Documentation Training Materials
- Appendix 2.13: Documentation Monitoring Progress and Adaptations

## **Step 7: Implementation, Evaluation, and Monitoring**

Roll out the implementation plan developed in previous steps to collect disability status and accommodation needs in the EHR.

### **Actions and Tasks**

1. Track and communicate rates of collection of disability status to responsible individuals (e.g., clinic or site leadership, individuals who are collecting data) and the implementation team.
2. Review site-level data on documentation rates and determine if changes in workflow or strategies are needed.
3. Make and document all needed adaptations.
4. Conduct **Audit and Feedback**, an implementation strategy that includes providing site-level staff, provider, or team-level data on collection to those assigned to perform tasks.
  - a. For example, run EHR reports stratified by provider, or create a progress chart to display in a staff breakroom.
  - b. This [Audit and Feedback article](#) details how to employ the strategy.
5. Recognize high performing staff, clinicians, or specific clinics or sites to recognize and celebrate high completion rates.

### **Materials and Resources**

- Appendix 2.6: Documentation Barriers and Strategies
- Appendix 2.9: Documentation Frequently Asked Questions
- Appendix 2.13: Documentation Monitoring Progress and Adaptations

## Appendices Table

| NAME   | DESCRIPTION   |
|--|---|
| <a href="#">Appendix 2.1: Documentation Implementation Teams</a>                 | A list of all the individuals who could participate on the implementation team.   |
| <a href="#">Appendix 2.2: Documentation Needs Assessment</a>                     | A worksheet to review the current landscape of the organization, identify mission, priorities, gaps, strengths, and specific goals for documentation.   |
| <a href="#">Appendix 2.3: Documentation Implementation Planning</a>              | A worksheet to identify the future direction and processes that will be followed for documenting disability status and accommodations.  |
| <a href="#">Appendix 2.4: Documentation EHR Features</a>                         | A list of all the electronic health record (EHR) fields that might be available, places to look within the EHR for disability fields and accommodation needs, functions by role, auditing and report for Quality Improvement, and research support.   |
| <a href="#">Appendix 2.5: Documentation LOINC Codes</a>                          | A list of Logical Observation Identifiers Names and Codes (LOINC) codes that are specific to documenting disability. Includes LOINC number, method or type, classification, question description, and status.   |
| <a href="#">Appendix 2.6: Documentation Barriers and Strategies</a>              | A list of potential barriers to documenting disability status and possible strategies for addressing the barriers. Barriers are organized categorically.  |
| <a href="#">Appendix 2.7: Documentation Disability Questions</a>                 | Three recommended question sets that can be asked to patients to collect disability status and accommodation needs.   |
| <a href="#">Appendix 2.8: Documentation Workflows</a>                            | A document with example workflow templates for how documenting disability status and accommodation needs can be operationalized in a health system. Provides guidance on when to ask, what fields in the EHR to use, how to collect, and who should ask.  |
| <a href="#">Appendix 2.9: Documentation Frequently Asked Questions</a>           | A Frequently Asked Questions (FAQ) document for staff about implementing disability status and accommodation needs collection into the clinic workflow.   |
| <a href="#">Appendix 2.10: Documentation Who and When</a>                        | A comprehensive list of all the options for when to and who can collect disability status information. Includes considerations to discuss when deciding who will collect and when disability status needs to be collected.  |
| <a href="#">Appendix 2.11: Documentation Sample Script and Question Prompts</a>  | An example script for healthcare staff that includes the disability and accommodation needs questions and a prompt to deliver before asking the questions.  |
| <a href="#">Appendix 2.12: Documentation Training Materials</a>                  | The training appendix includes six different parts: <ol style="list-style-type: none"> <li>1. Introduction</li> <li>2. Training table that outlines who and how to train</li> <li>3. Table tent template for staff collecting disability status and accommodation needs</li> <li>4. Clinic signage examples</li> <li>5. Training slide deck an organization can use or modify to train their staff</li> <li>6. Videos accompanying training slide deck</li> </ol> |
| <a href="#">Appendix 2.13: Documentation Monitoring Progress and Adaptations</a> | A worksheet to track progress and adaptations made to the implementation plan.  |

## References

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*Appendix 2.1*

*Documentation  
Implementation  
Team*

Below is a list of roles that could participate on an implementation team.

1. Executive/chief officers
2. Analysts
3. Compliance or regulatory teams
4. Operational and electronic health record analysts
5. Directors of each involved department or group (e.g. scheduling staff, registration staff, medical assistants, nursing staff)
6. Medical assistants and nurses
7. Clinic managers
8. Family or patient experience liaison
9. Disability Accessibility or ADA Coordinators
10. Interpreter service leads
11. Diversity, Equity & Inclusion leader(s)
12. Project managers
13. Workflow consultants
14. Case management staff
15. Patient navigator
16. Clinical quality specialists
17. Clinical operations leaders
18. Quality team members
19. Regulatory specialists
20. Clinical educators or professional development teams



*Appendix 2.2*

# *Documentation Needs Assessment*

### Instructions:

- This assessment can be completed by anyone at any point in implementing documentation of disability status and accommodation needs. Questions that are not applicable to your organization or clinic can be skipped.
- Please note that Needs Assessments are long processes that require input and commitment from multiple partners within the organization and community to develop a robust and sustainable plan.

### **Current State of Documentation**

This section will help you capture the current state of disability status and accommodation needs documentation at your organization or clinic. The questions will work to identify existing resources, opportunities, and current processes.

### **Background**

1. What is the motivation driving documentation of patients' disability status and accommodation needs?
  - a. Are there specific populations you are focused on (e.g., people with physical disabilities, intellectual or developmental disabilities, etc.)? If so, why?
  - b. Are there certain settings you are focused on (e.g., scheduling, specific specialty appointments, outpatient, inpatient, etc.)? If so, why?
2. What is the specific goal or desired outcome of documenting disability status and accommodation needs?
3. How does documenting disability status and accommodation needs align with current organizational priorities (e.g. quality and safety; health equity; Diversity, Equity, and Inclusion)?
4. What, if any, leadership support is there for documenting disability status and accommodation needs? What levels of support do you need (C-Suite, Director(s), Manager(s), etc.)?
5. What, if any, regulatory requirements are there for documenting disability status (e.g., Joint Commission Excellent Health Outcomes for All Certification, NCQA HEDIS reporting, CMS requirements, state-level requirements etc.)

### Processes

*\*Reminder: Questions that are not applicable can be skipped.*

1. Are there any disability status or accommodation needs questions that are systematically asked of patients across your organization?
2. Are there certain clinics or settings in which disability status and accommodation needs are already documented?
  - a. Are there specific individuals, groups, or departments within your organization who are excelling at documentation?
3. What question(s) about disability needs are systematically asked to patients?
  - a. What questions are documented?
  - b. Are the questions open- or closed-ended?
  - c. Do you have options for “no disability” or “decline to answer”?
  - d. Do you have an option for “other”?
  - e. Is there a “screeener question” or are patients asked a group of disability questions (i.e., ACS questions)?
4. What question(s) about accommodation needs are systematically asked to patients?
  - a. What questions are documented?
  - b. Are the questions open- or closed-ended?
  - c. Do you have an option for “other”?

- d. Is there a “screener question” or are patients asked a group of accommodations questions?
5. What other demographic data is currently collected?
  - a. Race/ethnicity
  - b. Language
  - c. Social determinants of health
  - d. Sexual orientation/gender identity
  - e. Other: \_\_\_\_\_
  - a. Where is this information asked?
  - b. Who is collecting this information?
6. At what point(s) during the delivery of care are disability or accommodation questions asked to patients, if at all? (can select more than one)
  - During scheduling/registration
  - Electronic check-in
  - In-person check-in
  - Exam room
  - Patient portal
  - Other: \_\_\_\_\_
7. Who (what role(s)) is currently collecting patient disability and accommodation needs information?
8. Provide a general, brief description of *how* documenting disability status and accommodations is going at your organization.

### People

1. What existing champions or committees exist to improve disability equity?
2. Who oversees EHR builds and provides approval?
3. Who might be your champions or people already working on this initiative:
  - a. Disability Coordinator (could be: “ADA Coordinator”, “Section 1557 Coordinator” or “Disability Accessibility Coordinator”)
  - b. Clinician champion(s)?
  - c. Practice managers?

d. IT department?

**Institutional Support:**

1. What initiatives exist for documenting patients' demographics?

**Identify Gaps and Struggles**

This section will help you to identify existing gaps and opportunities for future initiatives.

Based on the above information, describe your organization's:

1. Strengths: What internal factors exist that could facilitate the documentation of disability status and accommodations in your organization?
2. Weaknesses: What internal barriers exist that inhibit the documentation of disability status and accommodations?
3. Opportunities: What favorable external factors exist that could promote documentation at your organization?
4. Threats: What external factors exist that have the potential to inhibit the success of documentation at your organization?

**Materials and Resources**

1. Appendix 0.3: Federal Requirements
2. Appendix 0.6: Project Planning
3. Appendix 2.1: Documentation Implementation Teams
4. Appendix 2.6: Documentation Barriers & Strategies
5. Appendix 2.8: Documentation Workflows

*\*Appendices 0.3 and 0.6 can be accessed in the General Resources chapter.*



## *Appendix 2.3*

# *Documentation Implementation Planning*

The following plan will help guide your work to implement documentation of disability status and accommodation needs at your organization.

**INSTRUCTIONS:** Use this worksheet to guide your overall organizational/clinic plan for documenting disability status and accommodation needs. For each of the questions below, select or complete all that may apply. Questions that are not applicable may be skipped. The following could serve as a practical worksheet or a thought exercise for your implementation team.

### GOALS FOR THIS PLAN:

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*(Examples: “We plan to implement collection of patients communication disability and accommodation needs.”; “We plan to focus on collecting patients’ disability status during new patient registration.”)*

### Team

WHO will be on the team to implement collection of disability status and accommodation needs?

WHO will be on the team to monitor and evaluate collection of disability status and accommodation needs?

WHO will coordinate disability and accommodation screening in the clinics, call centers, etc.?

WHAT other institutional partners will you need to engage?

### Questions and Electronic Health Record (EHR) Build

WHICH disability status questions or categories will you collect? See Appendix 2.7: *Documentation Disability Questions* or Appendix 2.11: *Documentation Sample Script and Questions Prompts* for a list of recommended questions.

- Mobility
- Visual
- Hearing
- Communication
- Cognition
- Activities of Daily Living
- General screening question
- Other: \_\_\_\_\_

Will all patients get all questions, or will they get the screening question first?

WHICH accommodations will you include in the EHR build? Refer to Appendix 0.8: *Disability Accommodations Examples* in the General Resources chapter for a list of recommended accommodations.

- Sound amplifier
- Height adjustable examination table
- Assistance with written forms
- Other: \_\_\_\_\_

WHAT EHR features will you include in your build? See Appendix 2.4: *Documentation EHR Features* for a list of the features.

### Methods for Collecting

For each question, consider how methods may or may not differ for initial screening and subsequent verification.

WHICH method of collection will you use?

- Staff documentation screener
- Paper screener at the time of check-in
- E-check-in
- Patient kiosk
- Patient portal
- Other: \_\_\_\_\_

WHICH patients will be screened?

- All patients 18 and over
- Patients with a particular condition
  - Specify:
- Patients presenting for a health maintenance/preventative care visit
- Patients participating in telehealth or phone appointments
- All patients at all appointment types
- All admitted patients
- Other: \_\_\_\_\_

WHAT units will screening take place in?

- Outpatient
  - Primary care
  - Specialty care
  - Imaging
  - Other: \_\_\_\_\_
- Inpatient
- Emergency or urgent care

- Other: \_\_\_\_\_

WHO will screen the patients?

- Registration staff
- Scheduler
- Triage nurse
- Front desk staff
- Medical assistant/Nurse
- Provider
- Patient (self-disclose)
- Other: \_\_\_\_\_

WHEN will screening take place?

- Registration
- Scheduling (online or phone)
- Triage
- E-check-in
- Kiosk
- At check-in
- In the examination room
- At a patient's leisure (e.g., they will be prompted to complete via email)
- Other: \_\_\_\_\_

HOW will the question be prompted to be completed?

- Registration workflow
- Scheduling workflow
- Send patient email or letter to prompt to complete
- Triage
- E-check-in
- In-person check-in workflow
- Rooming workflow
- Other: \_\_\_\_\_

HOW often will patients complete/verify the disability status questions? Will all patients verify once completed, or only those with an indicated disability status?

- Once a year
- Once a quarter
- Each visit
- Beginning of hospitalization
- Other: \_\_\_\_\_

HOW often will patients complete/verify the accommodation needs questions? Will all patients verify once completed, or only those with an indicated accommodation need?

- Once a year
- Once a quarter
- Each visit

- Beginning of hospitalization
- Other: \_\_\_\_\_

### Training and Buy-In

HOW will you inform staff and clinicians that your organization is collecting patients' disability status and accommodation needs?

- Newsletters
- Presentations at staff meetings
- Email announcements
- Other: \_\_\_\_\_

HOW will you get staff and clinicians excited and increase buy-in for collecting patients' disability status and accommodation needs?

- Training
- Kudos
- Other: \_\_\_\_\_

WHAT tools will you use to promote completion of the fields?

- EHR tools (e.g., hard stop or yield signs)
- Email reminders
- Reminders at staff meetings
- Other: \_\_\_\_\_

HOW will you train staff to collect? Choose one or more.

- IT will turn on portal/online check in
- Medical staff will complete online training
  - Internal training materials
  - External training materials
- Monthly check in at staff meeting
- Other: \_\_\_\_\_

WHERE will training materials be located?

- Internal website
- Other: \_\_\_\_\_

HOW often will you provide training?

- New employee orientation
- Yearly
- Other: \_\_\_\_\_

HOW will you inform patients of this screening? Choose one or more.

- Notice by placards/flyers at front desk, waiting room, exam rooms
- Communication during appointment scheduling
- Medical staff will communicate during visit

Other: \_\_\_\_\_

### Privacy and Equity

HOW will you ensure that the process of collecting disability status does not reinforce stigma and discrimination?

- Training staff and clinicians
- Using prompts before the questions
- Monitor patient complaints
- Use the data to track care delivered
- Other: \_\_\_\_\_

HOW will you protect the security of the data collected?

HOW will you ensure that data isn't used in a problematic way? For example, how will you ensure the data will not be used to justify decisions that impact the quality of care delivered to the patient with a disability, such as avoiding scheduling appointments with certain providers?

- Regular monitoring
- Monitor patient complaints
- Other: \_\_\_\_\_

HOW will you inform patients about your data security procedures and processes?

- Information posted on website
- Information posted in waiting rooms
- Email to patients
- Other: \_\_\_\_\_

### Planning for Implementation and Evaluation

WHAT is your timeline for implementing collection of disability status and accommodation needs?

HOW will you monitor your progress in collecting disability status and accommodation needs?

- EHR audits
- Meet with staff for feedback
- Other: \_\_\_\_\_

HOW often will you monitor your progress?

- Weekly
- Monthly
- Quarterly
- Other: \_\_\_\_\_

HOW will you monitor whether the staff is appropriately asking the questions?

- Observation
- Recordings of calls

- Other: \_\_\_\_\_

HOW will you monitor whether your processes align with federal, state, accreditation, etc. standards?

- Work with your organization's Disability Coordinator
- Work with your compliance office
- Other: \_\_\_\_\_

HOW will you continue to engage leadership support in this work?

- Regular reporting of data
- Highlight positive patient stories
- Other: \_\_\_\_\_

### Use of Data

HOW will you include disability status and accommodation needs in regular reporting?

- Quality dashboards
- Daily/weekly rounds
- Department appointment report
- Scheduling reports
- Other: \_\_\_\_\_

HOW will you use collected disability status data?

- Monitor quality on the following metrics (e.g., cancer screening rates, vaccination rates, etc.)
- Other: \_\_\_\_\_

HOW will you use collected accommodations data?

- Monitor what equipment is used
- Identify where in the organization more accommodations are needed
- Other: \_\_\_\_\_

### Resources

WHAT resources will you need?

- FAQ pages
- Training materials
- Scripts
- Other: \_\_\_\_\_

WHERE will you identify resources needed?

- Internally
  - Team meetings
  - Other departments/clinics
- Externally
  - [Disability Equity Collaborative](#)

- Other: \_\_\_\_\_

### **Materials and Resources**

1. Appendix 0.8: Disability Accommodations Examples
2. Appendix 2.4: Documentation EHR Features
3. Appendix 2.12: Documentation Training Materials

*\*Appendix 0.8 can be accessed in the General Resources chapter.*



## *Appendix 2.4*

# *Documentation Electronic Health Record (EHR) Features*

Below are suggested electronic health record (EHR) features to include in your disability status and accommodation needs build. These recommendations are informed by learnings from health systems across the country actively implementing documentation of disability status and accommodation needs in their EHRs.

### Disability Field and Accommodation Needs Field Requirements

- For both Disability and Accommodation fields
  - Timestamped for when last entered/updated
  - Multiple disability types and accommodation needs can be selected
  - Once completed by anyone (see next section for options of people), previous values/information carried forward across systems/encounters
    - If new disability/accommodations are identified during verification by anyone (see next section for option of people), the new information is now the “default/baseline” information that would then be verified in subsequent visits (this is independent on who entered the information)
    - If a patient’s responses are not verified, then their original disability/accommodations remain
  - Appears in Storyboard
    - “Alert” within the Banner or Sideboard. The staff/clinician can click and hover on the disability and the disability types and accommodation needs appear
  - Lives in demographics or personal information
  - Identical fields for companion
- Accommodation field
  - Accommodation needs will need to be a drop-down.
  - All accommodation options are available to all patients
  - For patients with an identified accommodation need, prompt study team to record whether the accommodation(s) was used, if not, why it was not (including patient decline). (Note: For the inpatient setting, this will likely only occur once at the beginning of the patient’s stay.)
    - Can be completed at the beginning or end of an encounter
    - Can be completed by Medical Assistant, clinician, or another clinic staff member

### Functions by Role

- Registration or Scheduling Staff Requirements
  - New patients: need a prompt to ask about disability status
  - New patients: need a user-friendly form to ask disability status questions and record answers
  - New patients: need a prompt to ask about accommodation needs based on reported disabilities
  - New patients: need a user-friendly form to ask accommodation needs questions and record answers

- Return patients: need a prompt to verify, update disability status, or complete if field is empty
  - User-friendly form, same as for new patients
- Return patients: need a prompt to verify or update accommodation needs
  - User-friendly form, same as for new patients
- Patients and Proxies Requirements
  - Via patient portal: need the ability to enter or verify disabilities anytime
  - Via patient portal: need the ability to enter or verify accommodation needs anytime
  - Perform both activities via web-based and mobile patient portal applications
  - Prompt during e-check to enter or verify disability
  - Prompt during e-check to enter or verify accommodation needs
  - Via patient kiosks need ability to enter or verify disabilities anytime
  - Via patient kiosks need ability to enter, verify accommodation needs anytime
- Medical Assistants, Rooming Registered Nurses, Front Desk Staff
  - New patients: need a prompt to ask about disabilities
  - New patients: need a user-friendly form to ask disability status questions and record answers
  - New patients: need a prompt to ask about accommodation needs based on reported disabilities
  - New patients: need a user-friendly form to ask accommodation needs questions and record answers
  - Return patients: need a prompt to verify, update disability status, or complete if field is empty
    - User-friendly form, same as for new patients
  - Return patients: need a prompt to verify or update accommodation needs based on disabilities
    - User-friendly form, same as for new patients
  - Run templated report to identify upcoming scheduled patients' accommodation needs
- Clinicians or Care Teams
  - Can edit the disability fields
  - Can edit the accommodation fields

### Auditing and Reporting for Operations, Quality Improvement, and to Support Research

#### Discrete data elements

- Included item on Daily Activity Report (DAR) or other similar reporting for staff to plan for patient accommodation needs
- Data to support reporting of process
  - #/% events asked, verified
    - Includes who entered the information
  - #/% accommodations provided
    - Includes the accommodations provided
    - Includes reason why accommodation was not provided
    - Clinic (Epic department) the patient was scheduled in

- Should be templated reports
- Data to support reporting of disability accommodation needs by geographic region, by practice, etc.
  - Need to be able to pull at one point of time if a patient had a disability during that encounter (note: it should be the reported disability status/accommodation need during the date range, which may be different from patients' current status and needs)
  - Needs to be prospective and retrospective



*Appendix 2.5*

# *LOINC Codes*

## Chapter 2: Documenting Disability Status and Accommodation Needs

| LOINC Number | Method and Type          | Class               | Question Description  | Status | ACS <sup>a</sup> | WG <sup>b</sup> | PCDQ <sup>c</sup> | Disability Type                         |
|--------------|--------------------------|---------------------|---|--------|------------------|-----------------|-------------------|---|
| 69860-5      |                          | SURVEY.HHS          | Do you have difficulty dressing or bathing  | ACTIVE | x                |                 | x                 | Activities of Daily Living              |
| 69858-9      |                          | SURVEY.HHS          | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions                                 | ACTIVE | x                |                 | x                 | Cognition                               |
| 75254-3      | HHS.ACA Section 4302.ONC | SURVEY.HHS          | Do you have difficulty communicating, reading, or do you have limited proficiency in English [HHS.ACA Section 4302.ONC]   | TRIAL  |                  |                 |                   | Communication                           |
| 98068-0      |                          | SURVEY.GNHLTH       | Difficulty communicating in usual language  | ACTIVE |                  |                 | x                 | Communication                           |
| 75255-0      | HHS.ACA Section 4302.ONC | SURVEY.HHS          | Assistance needed [HHS.ACA Section 4302.ONC]  | TRIAL  |                  |                 |                   | General                                 |
| 98079-7      |                          | SURVEY.GNHLTH       | Do you need any additional assistance or accommodations during your visit   | ACTIVE |                  |                 | x                 | General                                 |
| 69856-3      |                          | SURVEY.HHS          | Are you deaf or do you have serious difficulty hearing  | ACTIVE | x                |                 | x                 | Hearing                                 |
| 75250-1      | HHS.ACA Section 4302.ONC | SURVEY.HHS          | Are you deaf or do you have difficulty hearing [HHS.ACA Section 4302.ONC]   | TRIAL  |                  |                 |                   | Hearing                                 |
| 69861-3      |                          | SURVEY.HHS          | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping                   | ACTIVE | x                |                 | x                 | Instrumental Activities of Daily Living |
| 75253-5      | HHS.ACA Section 4302.ONC | SURVEY.HHS          | Because of a physical, mental, or emotional condition, do you have difficulty doing errands such as visiting a doctor's office or shopping [HHS.ACA Section 4302.ONC] | TRIAL  | x                |                 | x                 | Instrumental Activities of Daily Living |
| 98078-9      |                          | SURVEY.GNHLTH       | Difficulty reading or writing   | ACTIVE |                  |                 | x                 | Learning                                |
| 69859-7      |                          | SURVEY.HHS          | Do you have serious difficulty walking or climbing stairs   | ACTIVE | x                | x               | x                 | Mobility                                |
| 75252-7      | HHS.ACA Section 4302.ONC | SURVEY.HHS          | Do you have difficulty walking or climbing stairs [HHS.ACA Section 4302.ONC]  | TRIAL  |                  |                 |                   | Mobility                                |
| 69919-9      | HHS.ACA Section 4302     | PANEL.SURVEY.HHS    | Race, ethnicity, sex, primary language, disability - Health and Human Services (HHS) panel [HHS.ACA Section 4302]   | TRIAL  |                  |                 |                   | Title of questionnaire                  |
| 75256-8      | HHS.ACA Section 4302.ONC | PANEL.SURVEY.HHS    | Disability information and assistance needed panel [HHS.ACA Section 4302.ONC]   | TRIAL  |                  |                 |                   | Title of questionnaire                  |
| 98067-2      |                          | PANEL.SURVEY.GNHLTH | Patient-centered disability questionnaire   | ACTIVE |                  |                 |                   | Title of questionnaire                  |

## Chapter 2: Documenting Disability Status and Accommodation Needs

|         |                                |            |  |        |   |  |   |        |
|---------|--------------------------------|------------|--|--------|---|--|---|--------|
| 69857-1 |                                | SURVEY.HHS | Are you blind, or do you have serious difficulty seeing, even when wearing glasses | ACTIVE | x |  | x | Vision |
| 75251-9 | HHS.ACA<br>Section<br>4302.ONC | SURVEY.HHS | Are you blind or do you have difficulty seeing [HHS.ACA Section 4302.ONC]          | TRIAL  |   |  |   | Vision |

<sup>a</sup>American Community Survey Questions

<sup>b</sup>Washington Group Questions

<sup>c</sup>Patient-Centered Disability Questionnaire



## *Appendix 2.6*

# *Documentation Barriers and Strategies*

Below is a list of potential barriers that may be encountered when implementing documentation of disability status and accommodation needs. The far-right column lists implementation strategies to address the barriers. You could use one or a combination of the implementation strategies listed for each barrier.

Refer to [Expert Recommendations for Implementing Change \(ERIC\) Discrete Implementation Strategies Table](#) for descriptions of each strategy.

| Category of Barrier                              | Barriers to Documenting Disability Status/ Accommodation Needs           | Possible Implementation Strategies   |
|--|--|--|
| <b>Leadership, staff, and provider attitudes</b> | Not seen as priority<br>Not viewed as required<br>Not viewed as valuable | <ul style="list-style-type: none"> <li>• Designate a formal implementation team</li> <li>• Develop a formal implementation blueprint</li> <li>• Identify and prepare champions who can emphasize the necessity and importance of documentation with their colleagues</li> <li>• Promote adaptability: Identify how documentation may be tailored to meet individual clinic or unit needs</li> <li>• Provide ongoing consultation and check-ins via Disability Coordinator, legal team, or other champion</li> <li>• Educate/train on legal and regulatory requirements, implications for patient satisfaction, patient and workforce safety, etc.</li> <li>• Provide training</li> <li>• Use reminders (electronic health record (EHR) alerts, tents, signs)</li> <li>• Audit and provide feedback</li> <li>• Kudos to high performing staff/clinicians/sites</li> </ul> |
|  | Insufficient buy-in and being “voluntold”                                | <ul style="list-style-type: none"> <li>• Designate a formal implementation team</li> <li>• Develop a formal implementation blueprint</li> <li>• Promote adaptability</li> <li>• Identify and prepare champions</li> <li>• Provide resources (e.g., 3 types of accommodations)</li> <li>• Educate on implications for patient satisfaction, patient and workforce safety, etc.</li> <li>• Use reminders (EHR alerts, tents, signs)</li> <li>• Audit and provide feedback</li> <li>• Kudos to high performing staff/clinicians/sites</li> </ul>  |
| <b>Staff and provider knowledge and comfort</b>  | Discomfort asking about disability status                                | <ul style="list-style-type: none"> <li>• Identify and prepare champions</li> <li>• Provide ongoing consultation and check-ins</li> <li>• Provide training</li> <li>• Use reminders (EHR alerts, tents, signs)</li> <li>• Provide staff and providers with tools (scripts, cheat sheets, quick guides)</li> <li>• Relay clinical data (i.e., what percentage of patients who had disability status and/or accommodation needs documented were able to receive care) to responsible individuals/roles</li> </ul>   |

## Chapter 2: Documenting Disability Status and Accommodation Needs

|                               |  |  |
|-------------------------------|--|--|
|                               |  | <ul style="list-style-type: none"> <li>• Kudos to high performing staff/clinicians/sites</li> <li>• Patient-facing educational materials</li> </ul>  |
|                               | Lack of knowledge about disability competency, language, preferences   | <ul style="list-style-type: none"> <li>• Identify and prepare champions</li> <li>• Provide ongoing consultation and check-ins</li> <li>• Provide training</li> <li>• Provide staff and providers with tools (scripts, cheat sheets, quick guides)</li> </ul>   |
|                               | Hesitance to ask because:<br>1. Don't know what to do if disability is reported (e.g., unsure if they should offer accommodations)<br>2. System/clinic might not have the needed accommodation | <ul style="list-style-type: none"> <li>• Change record systems/EHR</li> <li>• Conduct a needs assessment that assesses for readiness and identifies local barriers</li> <li>• Workflow mapping</li> <li>• Identify and prepare champions</li> <li>• Provide ongoing consultation and check-ins</li> <li>• Establish centralized technical assistance (i.e., how and when to provide an accommodation when documented)</li> <li>• Provide resources</li> <li>• Provide training</li> <li>• Use reminders (EHR alerts, tents, signs)</li> <li>• Provide staff with tools (scripts, cheat sheets, quick guides)</li> <li>• Audit and provide feedback</li> <li>• Kudos to high performing staff/clinicians/sites</li> <li>• Patient-facing educational materials</li> </ul>   |
|                               | Lack of awareness that disability status are in the EHR and can change over time   | <ul style="list-style-type: none"> <li>• Change record systems/EHR</li> <li>• Workflow mapping</li> <li>• Identify and prepare champions</li> <li>• Provide ongoing consultation and check-ins</li> <li>• Provide training</li> <li>• Use reminders (EHR alerts, tents, signs)</li> </ul>  |
| <b>Workflow and logistics</b> | Challenges coordinating across departments and roles   | <ul style="list-style-type: none"> <li>• Change record systems/EHR</li> <li>• Designate a formal implementation team</li> <li>• Conduct a needs assessment</li> <li>• Develop a formal implementation blueprint</li> <li>• Workflow mapping</li> <li>• Identify and prepare champions</li> <li>• Promote adaptability</li> <li>• Provide ongoing consultation and check-ins</li> <li>• Establish centralized technical assistance</li> <li>• Provide training</li> <li>• Relay clinical data to responsible individuals/roles</li> <li>• Review staff performance data (i.e., how often disability status questions were asked during registration) to inform changes</li> <li>• Promote network weaving by strengthening relationships and collaboration within and outside of the organization, departments, or units</li> </ul> |

## Chapter 2: Documenting Disability Status and Accommodation Needs

|                                 |   |   |
|---------------------------------|---|---|
|                                 | Limited time available  | <ul style="list-style-type: none"> <li>• Conduct needs assessment</li> <li>• Reexamine the implementation plan</li> <li>• Identify early adopters</li> <li>• Workflow mapping</li> <li>• Identify and prepare champions</li> <li>• Promote adaptability</li> <li>• Provide ongoing consultation and check-ins</li> <li>• Establish centralized technical assistance</li> <li>• Provide resources</li> <li>• Use reminders (EHR alerts, tents, signs)</li> <li>• Provide staff and providers with tools (scripts, cheat sheets, quick guides)</li> <li>• Relay clinical data to responsible individuals/roles</li> <li>• Review staff performance data to inform changes</li> <li>• Audit and provide feedback</li> <li>• Kudos to high performing staff/clinicians/sites</li> </ul> |
|                                 | Not assigned responsibility for tasks   | <ul style="list-style-type: none"> <li>• Change record systems/EHR</li> <li>• Designate a formal implementation team</li> <li>• Conduct a needs assessment</li> <li>• Develop a formal implementation blueprint</li> <li>• Workflow mapping</li> <li>• Identify and prepare champions</li> <li>• Promote adaptability</li> <li>• Provide ongoing consultation and check-ins</li> <li>• Establish centralized technical assistance</li> <li>• Relay clinical data to responsible individuals/roles</li> <li>• Review performance data to inform changes</li> <li>• Audit and provide feedback</li> </ul>   |
| <b>Patient-level challenges</b> | Patients not comfortable with disclosing a disability and/or putting information into a trackable system  | <ul style="list-style-type: none"> <li>• Conduct a needs assessment</li> <li>• Promote adaptability</li> <li>• Establish centralized technical assistance</li> <li>• Patient-facing educational materials</li> </ul>  |
|                                 | Patients have different levels of comfort regarding who and where to disclose a disability. Patients have different abilities to access systems to disclose a disability. | <ul style="list-style-type: none"> <li>• Workflow mapping</li> <li>• Promote adaptability</li> <li>• Establish centralized technical assistance</li> <li>• Provide training</li> <li>• Provide staff and providers with tools (scripts, cheat sheets, quick guides)</li> <li>• Relay clinical data to responsible individuals/roles</li> <li>• Patient-facing educational materials</li> <li>• Prepare patients/consumers to be active participants</li> <li>• Obtain and use patients/consumer and family feedback</li> </ul>  |



*Appendix 2.7*

*Documentation  
Disability  
Questions*

Currently, there are no standardized requirements for which disability status questions to use. We present three sets of disability status questions. Each question set has 6-8 questions. It is important to note that the categories of disability types in the question sets below do not represent or capture all disabilities. For example, the questions are not specific to Autism Spectrum Disorder or other social communication disabilities, intellectual and developmental disabilities, learning disabilities, and mental health disabilities. Your organization might decide to expand the disability questions, especially if your community has a high prevalence of disabilities not represented in these questions. We recommend including patient response options of “none”, “decline to answer,” and “other disability”. When an “other” disability is indicated, there should be an option for a comment field to write in the disability.

### Three Sets of Questions

1. American Community Survey (ACS) Disability Questions
2. Washington Group Disability Questions (modified)
3. Patient-Centered Disability Questionnaire

Regardless of which question set is used, it is important to ask all questions listed within the set to fully capture the patient’s needs. Using the Patient-Centered Disability Questionnaire, our study team tested asking one screener question versus all six disability questions.<sup>1</sup> In the case of the screener question, if a patient answered the question affirmatively, then the staff was instructed to ask the full set of six questions. We found that staff were more likely to ask the screener question than the full set of six questions. We found no difference in the percentage of those who reported a disability between asking only the screener question or the full set. However, more research is needed to confirm whether a screener question truly includes all patients. Therefore, to be comprehensive, the full question set is recommended at this time.

NOTE: These question sets ask about an individual’s functional impairments rather than their disability identity. It can be useful to ask about both a patient’s functional impairment, which provides important information about the individual’s accommodation needs, as well as disability identity, which, similar to asking other demographics questions, provides data to measure outcomes for populations at risk of disparities. This is a rapidly evolving area; research is underway to develop a question set that captures both function and disability identity. For now, we highly recommend using one of the question sets below.

### ACS Disability Questions

Following the passage of Section 4302 of the Patient Protection and Affordable Care Act (ACA), the Department of Health and Human Services (HHS) recommended the use of the American Community Survey (ACS) Disability Questions.<sup>2</sup> The original intent of the questions was to provide population-level prevalence estimates of disability in the United States.

Benefits of using these questions:

- These are standard questions in disability population surveys in the United States. This allows for interoperability of data across the healthcare system and population surveys.
- The questions are endorsed by HHS and are recommended by the Office for the National Coordinator for Health Information Technology, which sets federal standards for electronic health records (EHRs).
- Potential drawbacks:
  - The questions have only been tested in the United States.
  - Several of the questions have long preambles, which might make implementation more challenging.
  - The “doing errands” question will not assist in identifying patients’ accommodation needs in the healthcare setting or the disability(ies) they might represent.
  - These questions do not allow for interoperability and sharing of the data between healthcare systems that use the Washington Group questions.
- These questions have not been tested in a healthcare setting.
  - The questions are not inclusive of all disability types, including communication disabilities.

### Washington Group Questions (Modified)

The United Nations Washington Group on Disability Statistics developed a set of six disability status questions. The original intent of the questions was to provide population-level prevalence estimates of disability throughout the world. As such, these questions have been implemented in countries all over the world.<sup>3</sup> The original Washington Group questions have multiple response options to indicate the extent of the functional impairment, as opposed to a yes/no response. We recommend using a yes/no response for easiest implementation.

- Benefits of using these questions:
  - The questions have been internationally tested and implemented with linguistically and culturally diverse groups.
  - The questions include a communication disability question.
  - Several of the question wordings are more concise than the ACS questions.
- Potential drawbacks:
  - The questions differ slightly from the ACS questions, meaning they do not allow for interoperability and sharing of the data between healthcare systems and public health data.
  - The questions have not been tested in the healthcare setting.
  - The questions are not inclusive of all disability types.
  - The original questions have multiple response options.

### Patient-Centered Disability Questionnaire

The Disability Equity Collaborative team embarked on a series of studies to identify disability status questions to be used in healthcare organizations for the purposes of identifying

patients who require disability accommodations and tracking quality of care at an organization-level.<sup>4</sup> These studies included a survey, qualitative focus groups and interviews, a national Delphi panel, and cognitive interviews.

- Benefits of using these questions:
  - The questions incorporate aspects of both the ACS and the Washington Group questions.
  - The questions have been tested in the healthcare setting.<sup>1</sup>
  - The questions include a communication disability question.
  - The question set includes a general disability question.
- Potential drawbacks:
  - Since the questions are not identical to either the ACS or Washington Group questions, it is not possible to compare the full disability question set to public health data gathered using either of the two other sets of questions.
  - The questions are not inclusive of all disability types.

## Chapter 2: Documenting Disability Status and Accommodation Needs

| Disability Category                                   | ACS Questions   | Washington Group Questions   | Patient-Centered Disability Questionnaire  |
|---|---|--|--|
| <b>Hearing</b>  | Are you deaf or having serious difficulty hearing?  | Do you have difficulty hearing, even if using a hearing aid(s)?  | Are you deaf, or do you have serious difficulty hearing?   |
| <b>Vision</b>   | Are you blind or having serious difficulty seeing, even when wearing glasses?   | Do you have difficulty seeing, even if wearing glasses?  | Are you blind, or do you have serious difficulty seeing, even when wearing glasses?  |
| <b>Cognition</b>                                      | Because of a physical, mental, or emotional problem, do you have difficulty remembering, concentrating, or making decisions?                    | Do you have difficulty remembering or concentrating?   | Do you have difficulty remembering or concentrating?   |
| <b>Mobility</b>                                       | Do you have serious difficulty walking or climbing stairs?  | Do you have difficulty walking or climbing steps?  | Do you have serious difficulty walking or climbing stairs?   |
| <b>Activities of Daily Living (ADL) /Fine Motor</b>   | Do you have difficulty bathing or dressing?   | Do you have difficulty with self-care, such as washing all over or dressing?                                 | Do you have difficulty dressing or bathing?  |
| <b>Instrumental Activities of Daily Living (IADL)</b> | Because of a physical, mental, or emotional problem, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? |  | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a physician's office or shopping? |
| <b>Communication</b>                                  |   | In your usual language, do you have difficulty communicating, for example understanding or being understood? | Using your usual language, do you have difficulty communicating (for example, understanding or being understood)?                                    |
| <b>General</b>  |   |  | Due to a disability, do you need any additional assistance or accommodations during your visit?  |

## References

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*Appendix 2.8*

# *Documentation Workflows*

Below are workflows organized by outpatient, inpatient, and emergency department settings.

### Outpatient

Disability status can change over time. In the outpatient setting, patients should be asked about their disability status and accommodation needs annually or every six months. There are six options for when to collect this information from patients:

1. Registration
2. Scheduling
3. Electronic check-in
4. Clinic check-in
5. Rooming
6. Patient portal

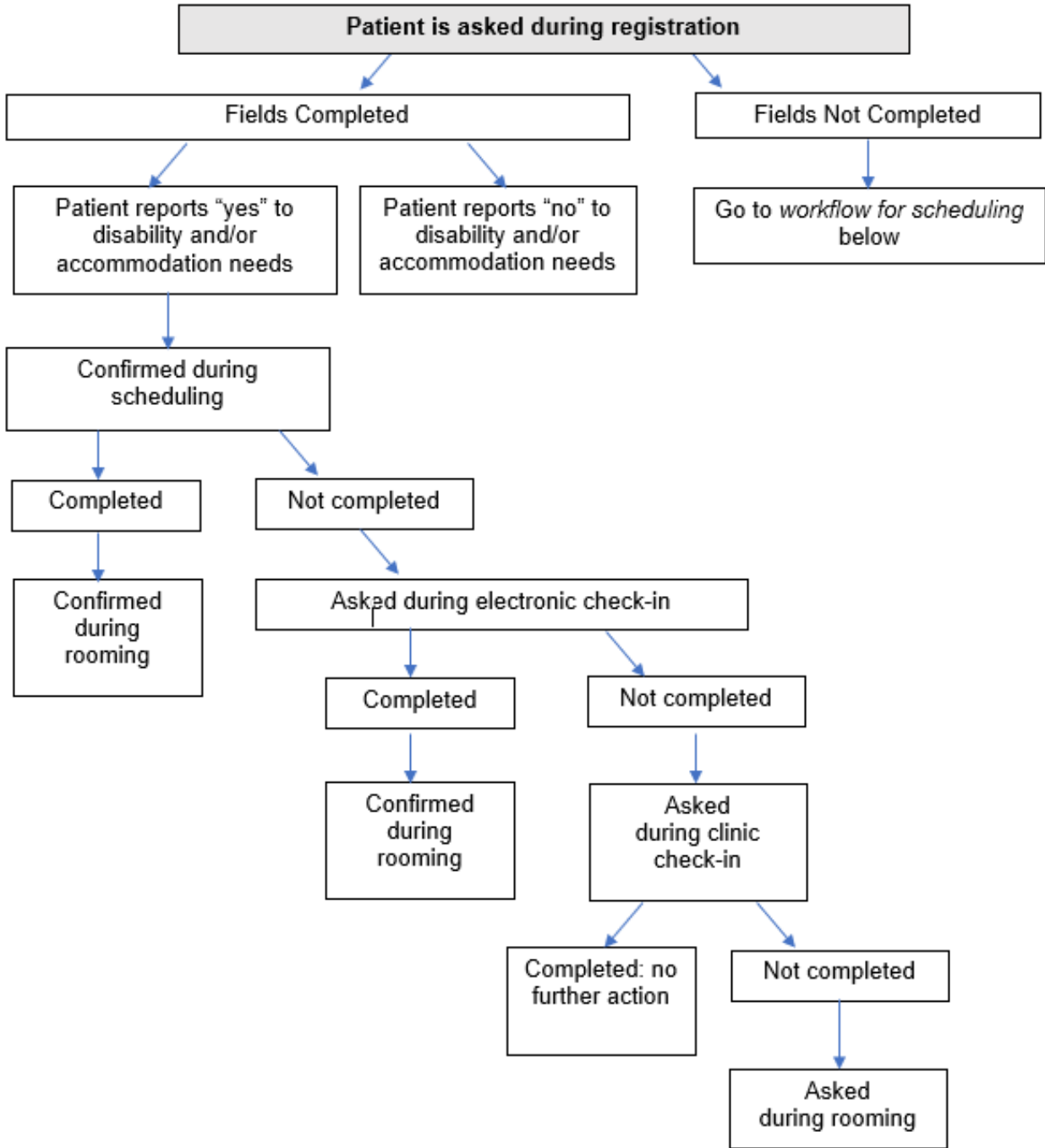
The diagrams below demonstrate the different workflows for different time points.

- If a patient reports a disability during registration or the patient portal, information should be confirmed during:
  1. Scheduling;
  2. Electronic check-in; or
  3. Clinic check-in.

If a patient reports a disability during check-in, information should be confirmed during rooming when the Medical Assistant ensures the patient has the accommodations they need.

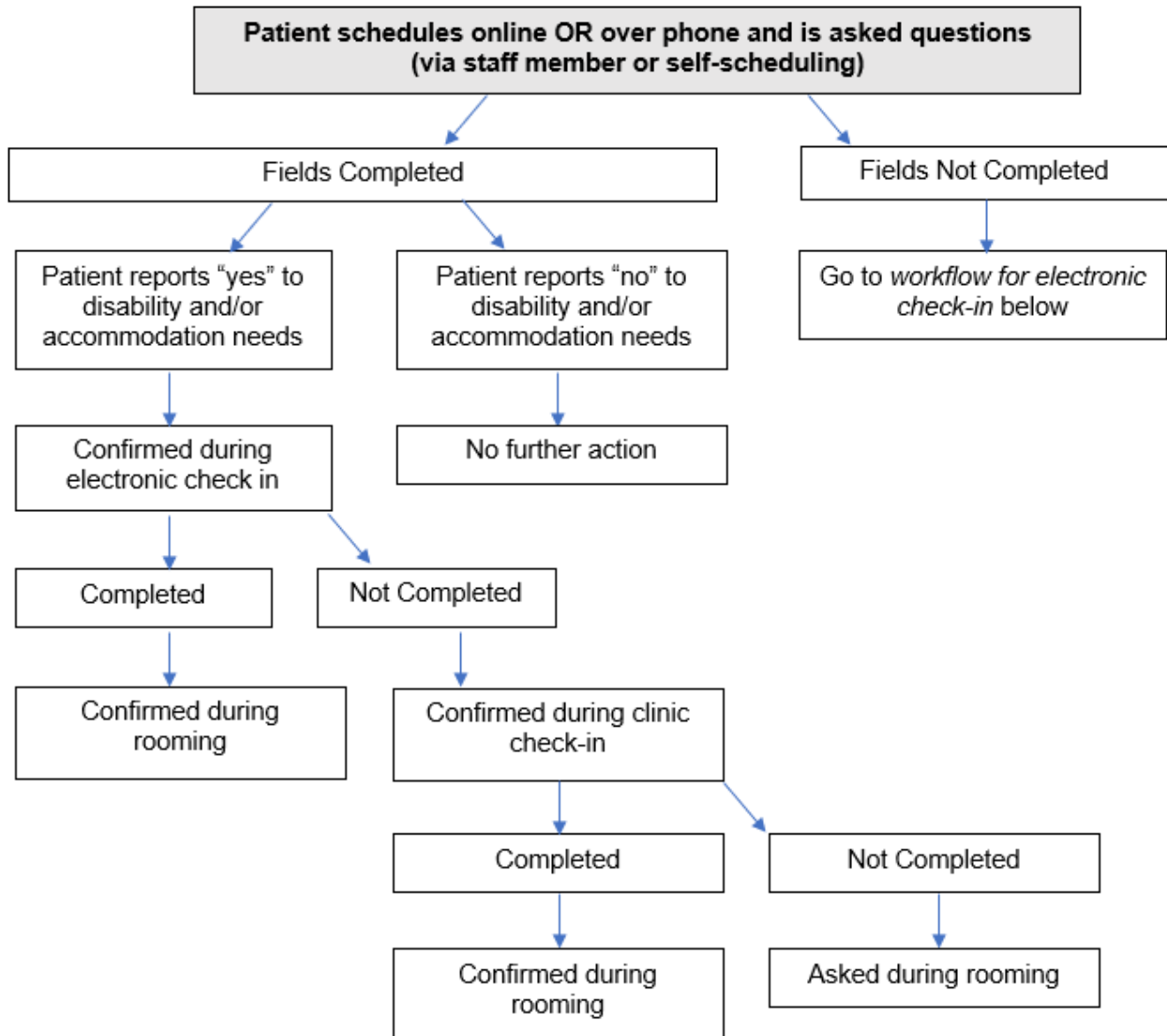
1.

REGISTRATION



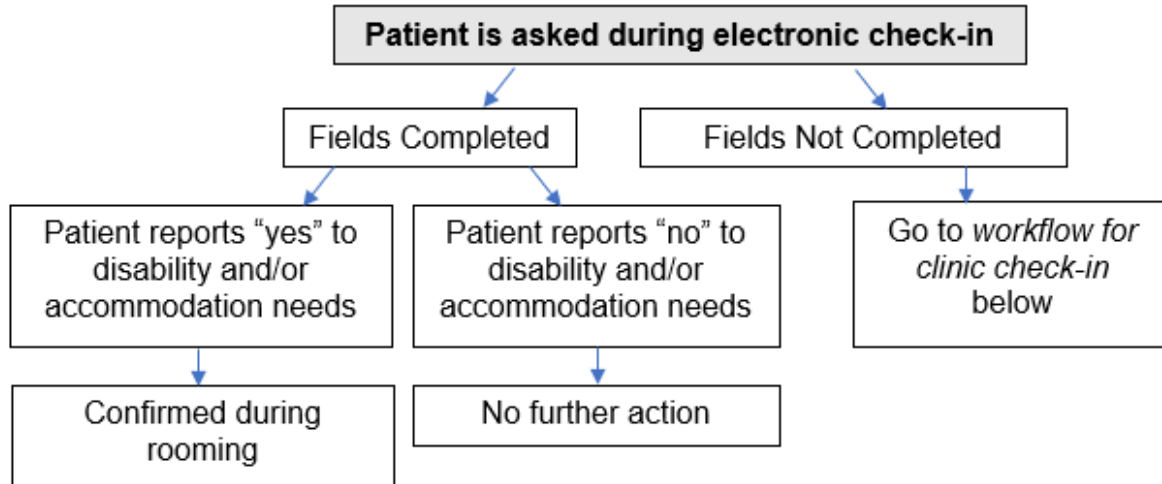
2.

SCHEDULING



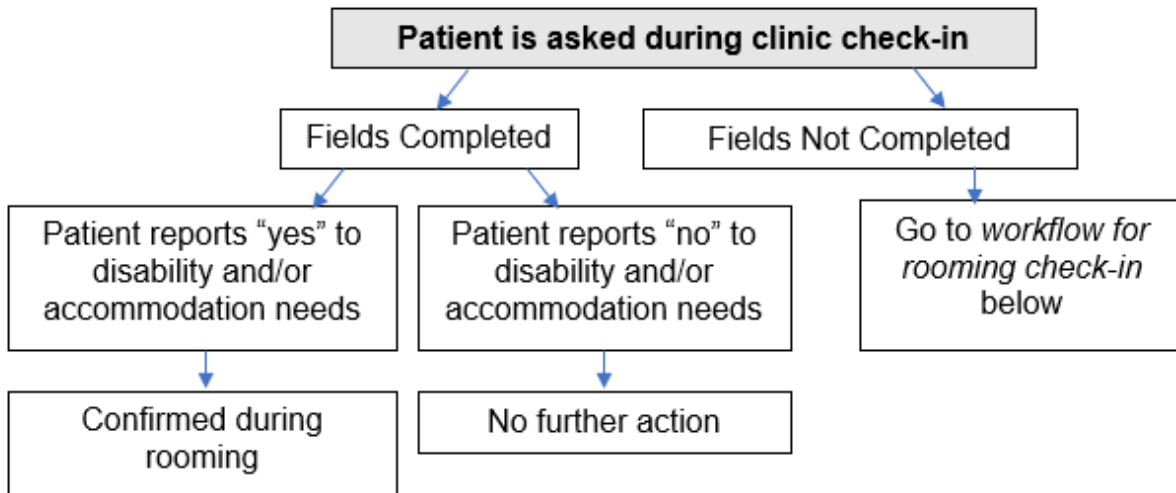
3.

ELECTRONIC CHECK-IN



4.

CLINIC CHECK-IN



5.

ROOMING

Patient is asked during rooming

These tables list all options for who, when, what, and how to collect a patient’s disability status and accommodation needs in the outpatient setting.

### Pre-Appointment

| WHO                | WHEN                               | WHAT  | HOW               |
|--------------------|------------------------------------|---|-------------------|
| Patient            | Any time (at their leisure)        | Invited to complete questionnaire                   | In patient portal |
| Patient            | Scheduling appointment online      | Asked disability status and accommodation questions | In patient portal |
| Patient            | E-check-in                         | Asked disability status and accommodation questions | In patient portal |
| Scheduler          | Scheduling appointment over phone  | Asks disability status and accommodation questions  | In EHR workflow   |
| Registration staff | Registering patient over the phone | Asks disability status and accommodation questions  | In EHR workflow   |

### At Appointment

| WHO               | WHEN               | WHAT   | HOW                  |
|-------------------|--------------------|--|----------------------|
| Front desk staff  | In-person check-in | Asks disability status and accommodation questions and enters  | In EHR workflow      |
| Front desk staff  | In-person check-in | Provides tablet/questionnaire to patient to complete pre-visit items including disability status and accommodation questions | Prompted in workflow |
| Medical assistant | Rooming            | Asks disability status and accommodation questions and enters  | In EHR workflow      |
| Clinician         | Encounter          | Asks disability status and accommodation questions and enters  | Ad hoc               |

### After Appointment

| WHO             | WHEN  | WHAT  | HOW             |
|-----------------|---|---|-----------------|
| Check-out staff | When scheduling next appointment at check-out | Asks disability status and accommodation questions and enters | In EHR workflow |

### Inpatient

You need to consider the pathway in which a patient is admitted and whether disability status was collected during admission. Disability status and accommodation needs should be asked during every admission. When selecting your process for documenting, consider whether a patient is admitted as an elective or planned admission, via the emergency department, or is transferred from another facility.

- **Patient is asked during patient registration**
  - Fields completed
    - Yes to disability and/or accommodation needs
      - Confirm during nurse intake
    - No to disability and/or accommodation needs
      - No further action
  - Fields not completed – *(go to workflow for nurse intake)*
- **Patient is asked during nurse intake process**

This table lists all options for who, when, what, and how to collect a patient’s disability status and accommodation needs in the inpatient setting.

| WHO           | WHEN                   | WHAT  | HOW         |
|---------------|------------------------|---|-------------|
| Registration  | Registration           | Asks disability status and accommodation questions and enters | In workflow |
| Intake nurse  | During intake process  | Asks disability status and accommodation questions and enters | In workflow |
| Bedside nurse | During any interaction | Asks disability status and accommodation questions and enters | Ad hoc      |
| Clinician     | During any interaction | Asks disability status and accommodation questions and enters | Ad hoc      |

### Emergency Department

- **Patient is asked during registration**
  - Fields completed
    - Yes to disability and/or accommodation needs
      - Confirm during triage
    - No to disability and/or accommodation needs
      - No further action
  - Fields not completed – (*go to workflow for triage*)
- **Ask during nurse triage**

This table lists all options for who, when, what, and how to collect a patient’s disability status and accommodation needs in the emergency department.

| WHO           | WHEN                   | WHAT  | HOW         |
|---------------|------------------------|---|-------------|
| Registration  | Registration           | Asks disability status and accommodation questions and enters | In workflow |
| Triage        | During triage          | Asks disability status and accommodation questions and enters | In workflow |
| Bedside nurse | During any interaction | Asks disability status and accommodation questions and enters | Ad hoc      |
| Clinician     | During any interaction | Asks disability status and accommodation questions and enters | Ad hoc      |



## *Appendix 2.9*

# *Documentation Frequently Asked Questions*

Below is a list of frequently asked questions that staff or clinicians may present about the collection of patients' disability status and accommodation needs.

**1. Why is disability status and accommodation needs being collected?**

To provide equitable, patient-centered care that responds to the needs of an organization's patient population, patients' disability status data needs to be consistently collected. Also, it's the law! Healthcare organizations must document patients' disability status to track the quality of care delivered to patients with disabilities and to identify patients who require healthcare accommodations.

**2. Why are these questions being collected by staff other than clinicians?**

All healthcare team members need to be aware if a patient has a disability so that everyone from the scheduler to the clinician to the phlebotomist can accommodate patients with disabilities. Disability status and needs are patient reported and do not require clinical decision making to determine answers to the questions. Staff simply document what patients report to them in response to the questions.

**3. How do patients feel about being asked to disclose their disability status?**

In surveys, 94% of patients with and without disabilities report being comfortable with healthcare organizations collecting their disability status information.

**4. How should I respond if someone refuses to answer the question?**

Patients are not required to provide a response to the disability status questions. Staff should mark "Prefer not to answer" or "Declined to Answer" in the electronic health record if a patient does not want to answer.

**5. What do I do if a patient requests a specific accommodation and I'm not aware of whether we have it?**

You could respond with: "Thank you for sharing your needs. At this time, we cannot guarantee that a specific clinic or facility will have the requested accommodation. However, I will make a note about this in your chart so that the clinic staff is aware of your needs."

**6. What if someone says they do not have a disability, but I think they might?**

Disability status is a patient-reported field, just like race and ethnicity. Clinicians and staff should not assume or record a disability in the disability status field if the patient does not report having one.



*Appendix 2.10*

# *Documentation Who and When*

Below are considerations when deciding by whom and when disability status and accommodation needs will be collected and documented.

### General Considerations

- Prioritize collection during registration, scheduling, and e-check-in. Knowing about patients' accommodation needs early assists the team in preparing for the patient.
- Disability status and accommodation needs should be asked once and verified in subsequent visits. This minimizes the need to ask every time, while recognizing that disability status can change over time.
- Patients should indicate their disability status via the patient portal to minimize impact on staff and clinicians.
- The process for collection should be accessible to all patients with disabilities.
- Patients should have multiple opportunities to disclose disability status due to factors such as:
  - Different comfort levels with disclosing based on setting and collection method;
  - Disability needs that may affect the mode which they are able to disclose (e.g., if the patient portal is not accessible);
  - Disability needs that may vary from one appointment to the next, one healthcare setting to another, and may change over time.
- Considerations when developing a process for collecting disability status and accommodation needs:
  - What restrictions might be present in a clinic, site, or setting?
    - Do you have kiosks?
    - Is there a private location for patients to disclose in a waiting room?
    - Are there standard intake forms that the questions could be added to?
    - Even within the same organization, consider clinic-level differences (e.g., geriatric and family medicine clinic will have patients with different needs)
  - What might be patient restrictions?
    - Are there multiple manners or avenues for how a patient can disclose? Patients with cognitive or visual disabilities may not be able to or feel comfortable disclosing during e-check in or via portal.
    - Do few of your patients use the patient portal, or do patients lack the required technology to use the patient portal?
- Some patients might have non-apparent disabilities, and so it is important that all patients are asked about their disability status.
- Collection of disability status could be linked or grouped with collection of other demographic characteristics.
- Healthcare organizations are required to provide accommodations to caregivers who have disabilities. For example, if a caregiver is Deaf and their primary language is American Sign Language (ASL), healthcare organizations must provide an ASL interpreter for the caregiver. As such, you should collect disability status and accommodation needs from caregivers as well and store it in the patient's medical chart.

### HOW: What methods should exist to collect information?

- There should be multiple ways to collect the information
  - Can be asked person-to-person during calls or encounters and entered by staff
  - Entered by patients in the portal
  - Entered by patients in tablets
  - Entered by patients using kiosks
  - Entered by patients using paper forms

### WHEN: At what time points can information be collected?

- Ask regularly because disability status can change over time.
  - Repeated asks convey importance.
  - Could be collected initially and then verified prior to each subsequent visit (instead of asking the full set of questions at every visit).
- Before patient is seen by clinician
  - During registration
  - During pre-approval
  - During scheduling
  - During e-check-in
  - During in-person check-in
  - While in waiting room
- During clinical encounter
  - During rooming
  - While in exam room
- After patient is seen or at other incidental touchpoints
  - During check-out
  - During check-out when scheduling next appointment
  - Referrals from other physicians
  - Inpatient or Emergency Department encounter
  - Completing health insurance forms

### WHO: What roles should collect and enter information?

- Overall considerations:
  - Multiple roles have this responsibility. It's important to view it as everyone's responsibility – though some may be the primary collectors or enterers of the information.
  - Completing the fields should be built into current workflows rather than a new field on a new page.
- Registration staff
- Scheduling staff
- Patient

**PROCESS: How would the “what, when, by whom” actually happen?**

- Electronic Health Record-supported:
  - incorporated into workflows
  - assigned to specific roles
  - possibility of pop-ups
  - hard or soft stops
  - interruptive best practice advisories
  - periodic reminders
- Consider how it will be integrated into telehealth encounters

**Workflow Planning Tables**

**Pre-Appointment**

| WHO                     | WHEN   | WHAT   | HOW               |
|-------------------------|--|--|-------------------|
| Patient                 | Any time (at their leisure)                          | Invited to complete questionnaire  | In patient portal |
| Patient                 | Scheduling appointment online                        | Asked disability status and accommodation questions                            | In patient portal |
| Patient                 | E-check-in   | Asked disability status and accommodation questions                            | In patient portal |
| Scheduler               | Scheduling appointment over phone                    | Asks disability status and accommodation questions                             | In EHR workflow   |
| Registration staff      | Registering patient over the phone                   | Asks disability status and accommodation questions                             | In EHR workflow   |
| Pre-authorization staff | Pre-authorizing encounter                            | Contacts patient to ask disability status and accommodation questions          | In EHR workflow   |
| Triage nurse            | Providing same-day appointment triage or advice      | Asks disability status and accommodation questions                             | In EHR workflow   |
| Receiver of referrals   | Processing referral for patient to be seen at clinic | Requests disability status and need for accommodations from referring provider | In EHR workflow   |

## At Appointment

| WHO               | WHEN  | WHAT   | HOW                  |
|-------------------|---|--|----------------------|
| Patient           | Checking in on kiosk  | Asked disability status and accommodation questions (& referred to front desk if affirmative?)                 | On kiosk             |
| Patient           | When front desk provides tablet at check-in                 | Asked disability status and accommodation questions (& referred to front desk if affirmative?)                 | On tablet            |
| Front desk staff  | In-person check-in when patient directed by kiosk or tablet | Asks disability status and accommodation questions and enters  | In workflow          |
| Front desk staff  | In-person check-in  | Asks disability status and accommodation questions and enters  | In workflow          |
| Front desk staff  | In-person check-in  | Provides tablet to patient to complete pre-visit items including disability status and accommodation questions | Prompted in workflow |
| Medical assistant | Rooming   | Asks disability status and accommodation questions and enters  | In workflow          |
| Clinician         | Encounter   | Asks disability status and accommodation questions and enters  | In workflow          |

## After appointment and/or incidental contacts

| WHO             | WHEN  | WHAT  | HOW                  |
|-----------------|---|---|----------------------|
| Patient         | After appointment                             | Patient post-appointment satisfaction questionnaire           | Emailed link         |
| Patient         | After appointment                             | Patient post-appointment satisfaction questionnaire           | In patient portal    |
| Check-out staff | During check-out                              | Asks disability status and accommodation questions and enters | In workflow          |
| Check-out staff | When scheduling next appointment at check-out | Asks disability status and accommodation questions and enters | In workflow          |
| Billing staff   | Any patient contact                           | Asks disability status and accommodation questions and enters | Prompted in workflow |
| Clinical staff  | Any patient contact outside appointments      | Asks disability status and accommodation questions and enters | In workflow          |



*Appendix 2.11*

*Documentation  
Sample Script and  
Question Prompts*

### Sample Script\*

**Prompt:** “The next set of questions asks about whether or not you have a disability. We are asking these questions to ensure we are helpful and meeting the needs of our patients.”

1. Are you deaf or have serious difficulty hearing? (**deaf/hearing disability**)
2. Are you blind or do you have difficulty seeing, even when wearing glasses? (**blind/visually disability**)
3. Do you have serious difficulty walking or climbing stairs? (**mobility disability**)
4. Do you have difficulty remembering or concentrating? (**cognitive disability**)
5. Do you have difficulty dressing or bathing? (**manual dexterity disability or Activities of Daily Living disability**)
6. Using your usual language, do you have difficulty communicating (for example, understanding or being understood)? (**communication disability**)
7. Due to a disability, do you need any additional assistance or accommodations during your visit? (**other disability**)

---

*A patient asks why this information is being collected or has concerns about answering the questions.*

**Q: Why is this information being collected?**

A: “We ask this question to patients at the clinic to learn more about our patient population and the accommodations that our patients with disabilities might need, such as large print documents for patients with visual disabilities, or height-adjustable exam tables for patients with mobility disabilities. This allows us to identify ways to best meet the needs of all of our patients. However, you can choose not to answer this question if you prefer.”

\*The above questions reference the Patient Centered Questionnaire. The script should be adapted depending on what questionnaire your clinic is using.



*Appendix 2.12*

# *Documentation Training Materials*

### What's Included:

1. Introduction to Training
2. Training Table: outlines who could be included in training, barriers that the training addresses, frequency of training, and format of training.
3. Table Tent: reminder template for staff who are collecting disability status
4. Clinic Signage Examples
5. Training slide deck an organization can use or modify to train their staff
  - Includes accompanying video demonstrations of clinic staff asking patients about their disability status and accommodation needs

### Introduction to Training Resources

Who should be trained to ask the disability questions?

- Any staff member can ask the disability questions. These questions are not a clinical assessment and staff do not need any specialized clinical training. Staff should be trained on how to ask the questions and why the disability status questions are asked. Additionally, we suggest following basic disability language best practices so that staff know how to talk about disabilities in a patient-centered and respectful manner. Disability language best practices can be found in the General Resources chapter of the guide.

### Training Table

Below is a table to help identify who will be trained and barriers that the training could address.

| Who   | Barrier the training could address   | When  | Format   |
|---|--|---|--|
| <b>Leadership</b>   | Not seen as a priority, required, or valuable  | <ul style="list-style-type: none"> <li>• Annually</li> <li>• Ad hoc</li> <li>• Other</li> </ul>   | <ul style="list-style-type: none"> <li>• Didactic</li> <li>• Other</li> </ul>  |
|   | Lack of disability competency - creating an affirming environment, making sure patients feel safe and welcome with needs met |   |  |
|   | Lack of awareness of disability fields   |   |  |
|   | Lack of awareness of how to respond when there is a disability and accommodation need  |   |  |
| <b>Implementation team</b>  | Not seen as a priority, required, or valuable  | <ul style="list-style-type: none"> <li>• Orientation</li> <li>• Annually</li> <li>• Every two years</li> <li>• Every 6 months</li> <li>• Ad hoc</li> <li>• Other</li> </ul> | <ul style="list-style-type: none"> <li>• Didactic (could be in-person or online)</li> <li>• EHR tools (e.g., best practice advisories)</li> <li>• Laminated guides</li> <li>• Other</li> </ul> |
|   | Lack of disability competency - creating an affirming environment, making sure pts feel safe and welcome with needs met      |   |  |
|   | Lack of awareness of disability fields in EHR  |   |  |
|   | Lack of awareness of how to respond when there is a disability and accommodation need and provide accommodations             |   |  |
|   | Challenge coordinating across departments and roles  |   |  |
| <b>Clinician and staff (entering disability status and accommodation needs)</b> | Not seen as a priority, required, or valuable  | <ul style="list-style-type: none"> <li>• Orientation</li> <li>• Annually</li> <li>• Every two years</li> <li>• Every 6 months</li> <li>• Ad hoc</li> <li>• Other</li> </ul> | <ul style="list-style-type: none"> <li>• Didactic (could be in-person or online)</li> <li>• EHR tools (e.g., best practice advisories)</li> <li>• Laminated guides</li> <li>• Other</li> </ul> |
|   | Discomfort with asking questions – How to ask disability status in a respectful manner                                       |   |  |
|   | Lack of disability competency - creating an affirming environment, making sure pts feel safe and welcome with needs met      |   |  |
|   | Lack of awareness of fields  |   |  |
|   | Lack of awareness of how to respond when there is a disability and accommodation need and provide accommodations             |   |  |
|   | How to document disability status and accommodation needs in the EHR   |   |  |

## Table Tent

The next page is a resource that can be printed, folded, and placed on staff desks to serve as a reminder about what to say when asking about disability status and accommodation needs.

**Prompt:** "The next question asks about whether or not you have a disability, in order to help us train our staff and figure out how to be most helpful to our patients."  
**Screeners:** "Due to a disability, do you need any additional assistance or accommodations during your visit?"  
**If NO,** do not ask any additional disability questions and move to next section.  
**Only if YES:** "Thank you, now I'm going to ask you a few more questions about your needs."  
1. Are you deaf or have serious difficulty hearing? (**deaf/hard of hearing**)  
2. Are you blind or do you have difficulty seeing, even when wearing glasses? (**blind/visually impaired**)  
3. Do you have serious difficulty walking or climbing stairs? (**mobility disability**)  
4. Do you have difficulty remembering or concentrating? (**cognitive disability**)  
5. Do you have difficulty dressing or bathing? (**manual dexterity disability**)  
6. Using your usual language, do you have difficulty communicating (for example, understanding or being understood)? (**communication disability**)

## Why is this information being collected?

A: We ask this question to patients at the clinic in order to learn more about our patient population and the accommodations that our patients with disabilities might need, such as large print documents for patients with visual disabilities, or height-adjustable exam tables for patients with mobility disabilities. This allows us to identify ways to best meet the needs of our patients.

Clinic Signage Examples

# Why am I being asked if I have a disability?

## We want to help.

We want to make sure all patients have what they need to participate in their visit. For example, you may require an adjustable exam table or large print materials. We want to have these accommodations available during your visit. This will help you get the most from your visit.

Not all visits are alike and people with disabilities are at higher risk for poor health and healthcare.

We want **ALL** our patients to have the same opportunity to be healthy.



For more info use the QR code for the Disability Equity Collaborative

*[Insert clinic info and logo]*

## Training Slide Deck and Accompanying Videos

### [TRAINING SLIDE DECK LINKED HERE](#)

The below videos accompany the slide deck during the indicated slide.

#### **Registration Video:** *slide 6*

Description: Patient calls in to schedule an appointment, registration staff register the patient, book appointment, and ask about disability status. (1 minute, 27 seconds)

#### **Registration Video – Accommodation Requested:** *slide 12*

Description: Patient calls in to schedule an appointment, registration staff register patients, book appointments, and ask about disability status. The patient is asking for accommodation regarding mobility. (3 minutes, 17 seconds)

#### **Registration Video – Patient Declines to Answer Disability Questions:** *slide 14*

Description: Patient calls in to schedule an appointment, registration staff registers patient, books appointment a patient and ask about disability status. Patient declines to answer question, scheduler validates patients right to decline. (1 minute, 12 seconds)

#### **Registration Video – Accommodation Requested for Mobility and Service Animal:** *slide 19*

Description: Patient calls in to schedule an appointment, registration staff registers patient, books appointment a patient and ask about disability status. Patient asks for accommodation regarding mobility and accommodating a service animal. (2 minutes, 28 seconds)

#### **Registration Video – Patients with a Communication Disability:** *slide 28*

Description: Patient calls in to schedule an appointment, registration staff registers patient, books appointment a patient and ask about disability status. Patient has a communication disability; registration staff provide additional time and notes in patient file. (3 minutes, 40 seconds)



*Appendix 2.13*

*Documentation  
Monitoring  
Progress and  
Adaptations*

Use this section to create a customized plan to track progress and adaptations made to your original implementation plan. In this plan, include a space to describe what changes or adaptations were made to the original implementation plan and the reason for the adjustment. Below are a few examples of adaptations that could be tracked.

HAVE practice leaders proactively removed organizational barriers to documenting disability status and accommodation needs?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT stage is the practice at in the process of documenting disability status and accommodation needs?

- Not started
- Just beginning
- Actively addressing
- Completed

HOW often are eligible patients screened (best estimate)?

- Never
- Up to 25% of time
- 26-50% of time
- 51-75% of time
- 76% of time or more

IS the practice collecting, reviewing, and reporting on disability status data and incorporating them into continuous quality improvement activities?

- Not started
- Just beginning
- Actively addressing
- Completed

IS the practice collecting, reviewing, and reporting on accommodation needs data and incorporating them into workflows to provide accommodations?

- Not started
- Just beginning
- Actively addressing
- Completed

ARE there standardized protocols within the practice workflow to conduct disability screening?

- Not started
- Just beginning
- Actively addressing
- Completed

WHAT modifications have been made to the original implementation plan across your organization and at each site?

- When?
- Why?
- Who requested the modification? Who executed the modification?
- How has this improved implementation?